

Health Home Quality Improvement Workgroup - 3/16/2022

Participants

Pamela Lester IME	Heidi Weaver IME	LeAnn Moskowitz IME
Tami Lichtenberg IME	David Klinkenborg AGP	Sara Hackbart AGP
Tori Reicherts ITC	Bill Ocker ITC	Flora Schmidt IBHA
Susan Seehase IACP	Kristi Oliver Children's Coalition	Paula Motsinger IME
Stacy Nelson Waubonsie	Amy May Waubonsie	Geri Derner YSS
Jen Cross Orchard Place	Kim Keleher Plains	Andrea Lietz Plains
Melissa Ahrens CSA	Christina Smith CSA	Faith Houseman Hillcrest
Ashley Deason Tanager	Stephanie Millard First Resources	Kristine Karminski Abbe
Shawna Kalous Plains	Rich Whitaker Vera French	Jamie Nowlin Vera French
Crystal Hall Tanager	Brooke Johnson Abbe	Karen Hyatt DHS


Notes

Last meeting Notes:

- No questions/concerns from group.

Draft Workgroup Report:

- Document will be updated as needed as we move through our meetings
- No suggestions for changes proposed from the group
- Pam asked that the group provide any thoughts and/or changes to the document.



Integrated Health Home Program Proposed Changes Report

Executive Summary

In February 2022, the Iowa Medicaid Enterprise (IME) convened a stakeholder workgroup to review the Integrated Health Home Program. The goals of the workgroup include:

- Identify how the Health Homes meet the provider standards set forth by the federal government as well as identify appropriate oversight of those standards.
- Develop a proposal for a payment methodology that is consistent with the goals of efficiency, economy, and quality of care. The rate will be developed according to the actual cost of providing each component of the service.
- Review medical qualifications in order to propose qualifications that meet federal and state code.
- Update Health Home Services to reflect whole-person team-based care while reducing provider burden.
- Develop a quality improvement model that can be adopted by Integrated Health Homes.
- Develop a proposal to present to the State that encompasses all the aforementioned goals.

Health Homes are to coordinate care for people with Medicaid who have chronic conditions. The Centers for Medicare & Medicaid Services (CMS) expects states health home providers to operate under a "whole-person" philosophy. Health Homes providers will integrate and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the whole person.

The Integrated Health Home Program currently serves approximately 19,000 Medicaid enrollees with around 12,000 adults and 6,000 kids. The Integrated Health Home Program currently has Managed members that are in Habilitation (about 6,000) or Children's Mental Health Waiver (about 1,000).

In conclusion, the Workgroup recommends the implementation of XXXXXX.

Administrative Rule that open for comment. The group discussed information that might be helpful for them to review to assist in identifying improvements to the SPA. There were suggestions for process reviews as well the identification for areas that will need to be discussed during a deeper dive into the requirements. These were added to the plan for future discussions and will be incorporated into next steps if they do not require an update to the SPA.

Review of the Health Home Survey, site visit, and listening sessions.

Diving into the Details

- Health Home Provider Standards**
- Payment Methodologies**
- Team Qualifications**
- Health Home Services**
 - Comprehensive Care Management
 - Care Coordination
 - Health Promotion
 - Individual and Family Support
 - Referral to Community and Social Support
- Quality Improvement**

Conclusion and Next Steps

Peer and Family Peer Discussion:

- Guest Speaker: Karen Hyatt - Contract Manager at DHS for Peer support and Workforce Development Contract khyatt@dhs.state.ia.us
- Guest Speaker: Kellee McCrory - training and technical manager at The University of Iowa School of Social Work, National Resource Center for Family Centered Practice (NRC). kellee-mccrory@uiowa.edu
- Karen Hyatt - Provided some background of the program/training.
 - When training first started, there were a lot of tears, not understanding what the job was; over the years, things have changed
 - Have seen peer support specialists get promoted
 - Modified training based off feedback, added components (46 hour training plus exam, 6 of those are in ethics) to help them feel more comfortable in their role.
 - Job has changed over the years. We want to see people to be successful and exceed expectations.
 - Don't see the tears like they used to see; providers have made changes.
 - Pam: Want the peer support to be able to work to their highest scope.
- Kellee McCrory - Want the curriculum to be what you want it to be. Don't want it to just be a training.
 - There is a screening process on who can take the training
 - Strong certification
 - Most get 85%
- Pam - Peer support specialists (adults vs. Peds). Some children that are independent need peer support themselves. Just the same, some adults may still need a family peer support specialist.
- Christina Smith (CSA) - have used young adult peer support specialists.
 - Struggled with young folks in training since some are in school.
 - Benefits to having young peer support specialists.
 - How can we make training accessible to that group?
- Karen Hyatt - Nationally not seeing 14/15-year-olds. With training younger folks, adjustments in training, further conversation, and funding would be needed.
 - Would need to work through what would the curriculum look like.
 - There would need to be permission and changes in flexibility of the training.
- Christina Smith (CSA) - Currently we have 18-to 25-year-olds working in the role struggling with the timing of training. Hard time getting them through the training due to scheduling.
- Karen Hyatt - any time you have ongoing concerns regarding training/timing etc., we want to hear about it. We are very open to feedback. Doing a blend now of in-person and virtual training. Will continue to do that. Will be happy to take a look at different hours. Haven't heard any requests for evenings or weekends, appreciate hearing that.
- Christina Smith (CSA) - like to hear that you are doing virtual training. This has helped.

- Kellee McCrory - Online takes 2 weeks (5 hours asynchronous online). What kind so hours are you looking for?
 - June training will be in person.
 - Don't want to drag out the training too long. Value the networking with the in-person training. Open to whatever modality is needed.
 - Had some folks drop out of training due to job responsibilities.
 - Not sure how weekends only would work
 - Under the age of 18 - cannot be certified
- Christina Smith (CSA) - will have Melissa Ahrens (CSA) reach out to you to discuss more on this.
- Kellee McCrory: have had folks with disabilities take the training. RFP is being written now. Did get asked for their thoughts on it. How can they have more integration in the community.
- Brooke Johnson (Abbe) - we don't have to hire peers very often. How frequently do you offer the training?
 - Karen Hyatt - 6 per year per the contract (received feedback, 4 was not enough).
- Brooke Johnson (Abbe) - Helpful to have the initial online training before in-person or intensive virtual. Would like to see the curriculum. Would like to see how they can engage the new person.
- Kellee McCrory - Peer Supervisor Trainings are offered
- Karen: we are giving people priority that are in training and working. Those participating in the training would have the curriculum/materials
- Kellee McCrory - there is a scope of work that can be shared with you.
 - Here is more information: <https://www.iowapeersupporttraining.org/>
 - Happy to share any information and add you to the listserv
- Karen Hyatt -Iowa Peer Network (new contract).
 - Statewide - This will support folks that work in this field. More information to come starting in April. Encourage you to take advantage of it.
- Kellee McCrory - For more information on Iowa Peer Workforce Collaborative: <https://www.facebook.com/iowapeersupporttrainingprogram>
- Karen Hyatt - Folks in this role want to be a part of the team "for real", want to be part of the member meetings. Every team member has a voice.
- Pam - reach out if you have additional questions or need technical support, or want a venue for peer sharing (e.g., Learning Collaborative)
- Karen Hyatt - Want this to be meaningful and appreciate the opportunity to attend today's call.
- Kellee McCrory - please provide any feedback questions.

Survey, Listening Sessions, Site Visit Report:

- Left some of the questions vague so you could share what is important to you. Made this challenging to compare apples to apples.
- Findings:
 - Quality and Outcomes - excited to hear more
 - Demographics:

- Flora Schmidt (IBHA) - also met with our members multiple times regarding how to complete the survey and when it was due
 - Kristie Oliver (Children's Coalition) - also reached out to its members to ensure they completed the surveys
- Annual Enrollments by Year:
 - Enrollment has remained steady. * = MCO Transition: enrollment issues could contribute to the dip
- December 2021 Monthly Enrollment:
- Snapshot: Doesn't include enrollment that was backdated or for the full year
- Meaningfully Using Electronic Health Records
 - Will want to talk through this - what meets the standard? Need to take a deeper dive
 - Barriers: purchase and maintain
- Time Spent on ICM Core Services:
 - See smaller IHHs have more involvement in Core Services
 - See more supervisors having a small case load
 - Delineation between what is a HH service that is provided to all members vs. what is spent on those things like, needs based assessments.
 - Need to take a deeper dive
- Time Spent on Non-ICM Activities:
- Don't see supervisor spending time on this
- Expect the team to spend most of the time with these activities - looks like this is the case.
- Non-Service-Related Activity
 - See a lot of time spent here by nurses and care coordinators
 - Seems to be confusion on the definition of this.
- Time on the Road
 - Care coordinators and peer support spending more time with this activity.
- Current Caseload:
 - Hard time to slice and dice this. Each HH caseload is unique.
 - Assigned vs serves everyone - another way caseloads were structured
- Optimal Caseloads:
 - These were across the board. No correlation with size, location, etc., for the optimal staffing model.
- Barriers To Optimal Ratio:
 - Barriers, rated with lowest score meant very important
 - Barriers To Optimal Ratio Other:
 - It is a barrier to optional ratio or a barrier to providing optimal care to your members?
 - Rate Considerations:
 - See next slide (#33) regarding details on #2 "Other"
 - Risk:

- Rate considerations: Lower tiers (non ICM) but have a higher need than a member receiving HCBS services
- Requirements that Do Not Bring Value Documentation
 - Feeling that the documentation is more of the focus, not the member
 - Need to be thinking about if some of these issues are process issues or SPA revisions
- Pam - Would like your feedback of the survey
- Brooke Johnson (Abbe): Reviewing the survey results is valuable. Feedback was given that was not a requirement of the SPA. Are we able to discuss those items that are not a requirement of the SPA here or at different time?
- Pam: If there is something that didn't bring value, let's discuss. Have created a parking lot for items that do not require a SPA change that we will be addressing.
- Christina Smith (CSA):
 - Payment Methodology - Original caseloads were high. All of the workforce are intertwined. Changes in requirement make workforce issue compounded. When the model was designed, we didn't have to do all of the case management requirements but now we are required to do case management.
- Pam: can discuss more during payment methodology discussion. Perfect example that we want to take with us when we do a deeper drive.
- Pam: Any thoughts similar to Brooke or Christina that you would like to share?
- No feedback/response provided by the group

Brainstorming Activity:

- Transition from information feed to you providing feedback:
- Brainstorming activity: will help you to prepare for each of the meetings.
 - Next time we meet we will go through each number on the activity document
 - Good brainstorming is quick
 - Some ideas can feel like they are out in left field but can be refined and turned into a proposal
 - Any thoughts on this? What you think will work well, not well?
 - Geri Derner (YSS)- great idea to have brainstorming. Look forward to putting into action
 - Brooke Johnson (Abbe) - I think this is helpful for people to prepare thoughts to share
 - Jen Cross (Orchard Place) - I also like this-- this is a good way to organize thoughts and ideas
 - Thumbs up from group
- Don't have to complete the Brainstorming Activity document or share it with Pam. However, we asked that you to bring to the table what is important for each of the requirements we talk through.
- Pam to send out the Brainstorming Activity document with the meeting notes so folks can have some time to work through it over the next two weeks.

Next Steps:

- Pam to send out the Brainstorming Activity document with the meeting notes so folks can have some time to work through it over the next two weeks.
- Group to review the Brainstorming Activity document and bring back their thoughts and feedback to the next meeting. Be ready to discuss.